



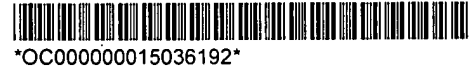
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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/997,425	11/29/2001	Shlomit R. Edinger	Cura 457CIP

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555 Long Wharf Drive  
New Haven, CT 08551

CONFIRMATION NO. 6437



Date Mailed: 01/27/2005

**NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY**

This is in response to the Power of Attorney filed 12/28/2004.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

KATRINA S TURNER  
1600 (571) 272-0564

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09/997,425	11/29/2001	Shlomit R. Edinger	21402-175 CIP (Cura-475 C

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CONFIRMATION NO. 6437



\*OC000000015036182\*

Date Mailed: 01/27/2005

**NOTICE REGARDING CHANGE OF POWER OF ATTORNEY**

This is in response to the Power of Attorney filed 12/28/2004.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

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